Uniting Aged Care - Strathdon Community

RACS ID 3632
17 Jolimont Road
FOREST HILL VIC 3131
Approved provider: The Uniting Church in Australia Property Trust (Victoria)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 25 September 2015.

We made our decision on 16 August 2012.

The audit was conducted on 9 July 2012 to 10 July 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1:   Management systems, staffing and organisational development

Principle:
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2:   Health and personal care

Principle:
Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome	Accreditation Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Accreditation Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met

Audit Report

Uniting Aged Care - Strathdon Community 3632

Approved provider: The Uniting Church in Australia Property Trust (Victoria)

Introduction

This is the report of a re-accreditation audit from 9 July 2012 to 10 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 9 July 2012 to 10 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Susan Hayden
Team members:	Tamela Dray
	Carlene Tyler
	Marg Foulsum

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Victoria)

Details of home

Name of home:	Uniting Aged Care - Strathdon Community
RACS ID:	3632

Total number of allocated places:	168
Number of residents during audit:	159
Number of high care residents during audit:	127
Special needs catered for:	Dementia specific unit

Street:	17 Jolimont Road	State:	Victoria
City:	Forest Hill	Postcode:	3131
Phone number:	03 9845 3111	Facsimile:	03 9894 3489
E-mail address:	Linda.Dover@uacvt.org.au		

Audit trail

The assessment team spent two days on site and gathered information from the following:

Interviews

	Number		Number
Manager integrated services	1	Residents	17
Quality manager compliance and hotel services	1	Representatives	2
Quality advisor/data (head office)	1	Volunteers	1
Quality advisor/clinical educator	1	Chaplain	1
Registered and enrolled nurses	9	Acting lifestyle coordinator	1
Care staff	6	Lifestyle staff	2
Administration officer	1	Catering staff	4
Maintenance manager	1	Laundry staff	3
Regional hotel services manager	1	Cleaning staff	2
Occupational health and safety manager	1	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files	40	Medication charts	9
Summary/quick reference care plans	32	Personnel files	10
Diabetic management plans	11	Resident agreements	9
External services contracts	6	Volunteer files	4

Other documents reviewed

The team also reviewed:

- 'Are we meeting your needs' care evaluations

- Audit schedule and reports

- Change in dietary requirements form and catering lists

- Cleaning schedules

- Client fall comprehensive assessment pathway

- Clinical and complex care documentation and monitoring records

- Comments, compliments and complaints documentation and register

- Continuous improvement plans, quality reports and associated documents

- Dietician referral folders/allied health folders

- Education and orientation documentation

- Emergency response manual and disaster recovery plan (draft)
- Fire inspection, testing and maintenance records
- Food safety program and food safety compliance documentation
- Handbooks - staff and residents
- Handover sheets
- Incident and hazard forms and reports
- Infection data and reports
- Lifestyle records
- Mandatory training register
- Medication refrigerator temperature checks
- Meeting minutes
- Menu
- Police checks, statutory declarations register/nursing registrations
- Policies, procedures and pathways
- Position descriptions and duty statements
- Preferred providers' list
- Preventative, reactive and essential services maintenance and inspection records
- Privacy consent forms
- Reportable incidents log
- Resident and organisational newsletters
- Resident summary for agency staff
- Resident surveys/general practitioner survey results
- Risk assessments
- Roster
- Self assessment documentation
- Staff and residents' handbooks/residents' information pack
- Temperature check records - refrigeration, freezer and meals
- Wandering resident charts.

Observations
The team observed the following:

- 'Our vision'
- Activities in progress
- Charter of residents' rights and responsibilities
- Cleaners' room, trolleys and cleaning in progress
- Clinical communication folders
- Comments and complaints forms and lodgement boxes
- Equipment and stock storage including oxygen, chemicals and hazardous items

- Evacuation plans, packs and resident evacuation list

- Fire panel, fire detection and fire fighting equipment, signage and egress routes

- Gastro-enteritis/influenza outbreak kits/government and other resource information

- Infectious waste bins and bags

- Interactions between staff and residents

- Kiosk, kiosk trolley, residents enjoying coffee at café

- Kitchen, food storage areas and meal preparation

- Meal service

- Medications (including storage, medication trolleys, medication administration/rounds, medication refrigerators and Schedule 8 controlled drug cupboards)

- Outbreak management kits

- Resident and staff noticeboards and whiteboards

- Staff and family interactions/counselling following sudden decline in resident's health

- Staff assisting residents with meals

- Staff handover

- Staff management of resident emergency situation.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1   Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings
The home meets this expected outcome

The home demonstrates it actively pursues continuous improvement across the four Accreditation Standards. The system encourages and promotes participation by staff and residents and representatives who confirmed their involvement in continuous improvement. The continuous improvement system encompasses review, analysis and follow up of various quality monitoring processes including feedback forms, audits, surveys, clinical data, stakeholder meetings, incidents and hazards. The manager, supported by quality staff both at the home and head office, manages continuous improvement issues which are documented on a continuous improvement plan. The manager monitors progress and actions, outcomes are evaluated and quality reports are forwarded and presented to regional management, the executive director and the organisation's board. Quality management documentation shows staff and resident input is actively encouraged and improvement opportunities are stakeholder focussed and evaluated. Staff and residents confirmed their knowledge and satisfaction with the home's improvements, reporting management is consultative and responsive to their needs and suggestions.

Some recent continuous improvements relating Standard 1:

- Management identified the suggestion/feedback box was not very visible in the upper hostel area. Management has displayed the suggestion box more prominently and has noted the number of completed feedback forms has increased.

- Management has set up and organised staff access to its intranet, set up an email system and arranged training including for confidentiality and understanding of the concept of ethical use of this media as required. Staff trained in logging on now have easy access to current policies, procedures and payslips and manager and staff two way communication has been streamlined and enhanced. The home's manager reported there is considerable staff and management satisfaction with this level of accessibility and ease of communication and documentation control has been strengthened. In addition, executive director communication to and from staff and roll out of memoranda is now streamlined and efficient and staff also have easy access to various industry publications.

- Further to feedback from stakeholders, management has installed two very large resident noticeboards to enhance communication and highlight upcoming events. Information is easily accessible and user friendly. Management reported resident and representative feedback has been very positive.

- Management identified due to the large size of the home it was not always easy to locate staff or work out where they were at a given point in time. As a result, management developed and laminated stick on signs with a 'smiley face' that staff place on a resident's closed door to indicate they are in the resident's room attending to care. Management confirmed this is working very well.

- Further to an audit of the complaints system, management recognised the need to enhance residents' knowledge of the complaints system. To address this matter the home's newsletter now includes a section reminding residents about the complaints system and how residents can access and use the system. Management said this is working very well.

1.2   Regulatory compliance
This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines".

Team's findings
The home meets this expected outcome

The home has processes to identify and ensure compliance with the relative legislation, regulatory requirements and professional standards relating to management systems. The home receives updates from head office and information through external peak bodies, government authorities, consultant services, best practice nursing resources and communicates changes to staff and residents through emails, letters and meetings. The home has a process to show current police checks and registration for staff. Management reported and minutes of meetings demonstrated staff receive updates on regulations.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- processes to ensure the currency of police record checks for staff

- monitoring the credentials of registered and enrolled nurses

- notifying residents, representatives and staff of the re-accreditation audit

- providing information to stakeholders about the internal and external complaints processes through handbooks, meetings and displays of brochures throughout the home.

1.3   Education and staff development
This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings
The home meets this expected outcome

The home has systems to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. The home has an education program which is responsive to requests from staff and the needs of residents. Training needs are identified through a variety of sources including performance appraisals, changing resident needs, training needs analyses and staff requests. Staff are notified of education opportunities through an education planner which is available on the staff room noticeboard and via verbal and written reminders. The home has a mandatory training program and staff attendance at all education sessions is recorded and monitored. The home also encourages and supports staff to attend outside training deemed of benefit to the home. Staff expressed their satisfaction with the education available to them. Residents and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard 1 include:

- dispute resolution – dealing with complaints

- use of social media

- ACFI documentation.

1.4 Comments and complaints
This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings
The home meets this expected outcome

The home's system to support comments and complaints includes accessibility to forms, provision of information in the resident information kit and management responsibility and follow up. Management ensures residents, representatives and staff are informed about the internal and external complaints processes initially and are regularly reminded at meetings and through the home's newsletter. There is a locked suggestion box for confidentiality; advocacy and external complaint brochures are displayed in various languages alongside the internal feedback forms in key locations throughout the home. The home maintains a complaints register and documentation shows complaints are actioned in a timely manner with feedback provided; complaints are monitored for trends. Residents and staff confirmed management has an open door policy and they are very comfortable raising issues if required. The coloured four page feedback form is easy to follow and includes contact details for head office, the Aged Care Complaints Scheme and other relevant external bodies. Residents and representatives expressed their satisfaction with the home's complaints management system and responsiveness when issues have been raised.

1.5 Planning and leadership
This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings
The home meets this expected outcome

There is a commitment to ensuring all stakeholders are aware of the organisation's guiding values and commitment to quality. The values of respect, partnerships, wisdom, fairness and stewardship are discussed at orientation, displayed throughout the home and evident in all key documents. Summary pocket cards are given to all staff and managers are responsible for modelling appropriate behaviour and guiding and supporting staff. All staff are aware of the quality program and participate in promoting continuous improvement. The strategic plan is developed in consultation with senior management and considers feedback from stakeholders; the plan is readily available. Managers monitor staff performance and this is discussed at annual performance appraisals.

1.6 Human resource management
This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings
The home meets this expected outcome

The corporate human resources department supports local management in recruiting appropriately skilled and qualified staff. Management reviews numbers and skills according to resident needs, complaints, observations, incidents and feedback. Planned and unplanned

leave and temporary fluctuations in staffing are managed at the local level utilising casual and part-time staff; agency staff are accessed as required. Corporate office approves permanent changes. Recruitment processes guide advertising, interview, selection and documentation. New staff, agency staff and contractors complete orientation and buddy shifts are scheduled. Position descriptions, policies and procedures, handbooks and education support staff in understanding their responsibilities and maintaining and developing skills and knowledge. Records of registrations, police checks and statutory declarations are maintained. Performance is monitored through observations, annual appraisals, individual discussions, competency assessments, audits and data analysis. Staff and residents are generally satisfied with staffing levels and report staff provide timely and appropriate care and services.

1.7 Inventory and equipment
This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings
The home meets this expected outcome

Management systems ensure sufficient stocks of goods and equipment are maintained for quality service delivery. Team leaders and area managers are responsible for monitoring stocks and equipment and advising administration of requirements. Consumables are rotated and a small supply of back up items is held for emergencies. Additional supplies can be accessed from other facilities within the organisation if required. Managers forward plan major purchases through the capital expenditure program. The preventative and reactive maintenance program includes essential services testing and inspection and specialised maintenance by external providers. The home has effective cleaning programs and storage areas are clean, secure and appropriately signed. Staff and residents reported adequate supplies of goods and well maintained equipment are available.

1.8 Information systems
This expected outcome requires that "effective information management systems are in place".

Team's findings
The home meets this expected outcome

Information systems support residents, representatives, managers, staff and other stakeholders to access relevant information. Prospective residents receive an information pack including the residents' handbook, an application form and other relevant brochures and forms. The residents' agreement outlines fees and services and residents and representatives are advised in writing if there is a change. There are processes for the ratification and dissemination of updated and new organisational documents. Relevant data is appropriately recorded, analysed and reported. Dissemination of information occurs through discussions, meetings, electronic mail, newsletters, notices, memoranda, handover and organisational documentation. Electronic documentation is password protected with restricted levels of access and backed up daily. Confidential information is securely stored and there are processes for archiving and destruction. Residents confirmed they feel well informed and are satisfied with access to information about care and services at the home.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

External contractors provide a range of clinical and non-clinical services to the home including podiatry, physiotherapy, hairdressing, pharmacy, waste management, laundry and pest control. Essential services testing and inspection occurs across all relevant areas including fire and emergency, water systems and air conditioning. All contractors who work on site complete formal orientation. Contracts outline the scope of services, registrations, insurances and regulatory compliance obligations. Evaluation of contractors occurs in line with contract renewals and in response to identified issues. Staff and residents provide feedback through comments and complaints forms and surveys. Staff, residents and representatives stated they are satisfied with the care and services provided by external providers.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1   Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings
The home meets this expected outcome

The home's continuous improvement system demonstrates improvements in residents' health and personal care are ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. There are appropriate systems for clinical staff to monitor, action, review and update health care to meet residents' specific and changing needs. Residents and representatives reported they are consulted about care and confirmed satisfaction with the care provided.

Some recent continuous improvements relating Standard 2:

- The home's new manager recognised the need to tighten control of management of the home's dangerous drugs. As a result, the number of people with access to the dangerous drugs' keys has been limited. A key safe has been installed and access to keys is now limited to three people which include the nurse in charge, the home's manager and executive director personnel.

- To improve the nursing home's ambience, management has purchased salt lamps and essential oils and installed them in the high care area. This has created a more relaxing and calming ambience and management reported feedback is complimentary.

- As a result of management and lifestyle identifying a need to improve the management of palliative care, sensory palliative care kits have been set up in the different areas. These kits include compact disks and players, aromatherapy oils and the chaplain has provided a bible. Staff can now provide a comfortable and respectful ambience for palliative care residents. Management has also laminated various iconic type serene pictures to place on the door of a palliative resident. This alerts other staff and parties, including hotel staff, to the resident's end of life status. Management reported this initiative is working very well.

- The introduction of new skin assessment forms which are coloured and easier for staff to follow. The document guides and assists staff to check, review and document residents' key skin care information and required management. The form is based on evidence based assessment pathways and management said the new system will enhance skin care management and evaluation is currently ongoing.

2.2   Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care".

Team's findings
The home meets this expected outcome

The home has a process to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care and to

ensure and monitor compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- medications being stored safely and administered according to regulations

- current registrations for nurses and allied health professionals

- registered nurses overseeing provision of care and specialised nursing needs.

2.3   Education and staff development
This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings
The home meets this expected outcome

The home generally ensures it adequately monitors the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents' health and personal care. Management assists staff with external training and conducts in-house training to educate staff in clinical topics. The home has nurses dedicated to some portfolios of expertise and they attend meetings and provide education on their allocated topic such as wound care. Refer to expected outcome 1.3 Education and staff development for further details on the home's education system and processes.

Examples of education and training provided in relation to Standard 2 include:

- behaviour management

- knowing your medication trolley - conducted by an external pharmacist

- falls management.

2.4   Clinical care
This expected outcome requires that "residents receive appropriate clinical care".

Team's findings
The home meets this expected outcome

Registered nurses assess residents' clinical needs on entry and review them every second month. Staff communicate changes in residents' care verbally at handover and document changes on the handover sheet and progress notes. Registered nurses update support plans which guide care for residents. Progress notes document changes in residents' condition, interventions used and consultation with doctors, allied health professionals and representatives. Doctors visit residents regularly and staff alert them to changes in residents' condition by phone or in the communication book. Residents and representatives were satisfied with the care given by staff.

2.5 Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings
The home meets this expected outcome

Registered nurses manage and review residents' specialised nursing care. Documentation to guide care is stored in residents' summary support plans and complex care folders. Information includes frequency of treatment, review dates, photographs of wounds and doctors' orders. Staff contact residents' doctors for referrals to specialists and allied health professionals. Specialised care needs include management of diabetes, oxygen therapy, wound care, catheter care, blood pressure monitoring, enteral feeds and weight management. Staff have access to policies, procedures and flow charts and contact details for medical assistance in case of emergencies. Residents confirmed staff attend to their specialised care needs.

2.6 Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings
The home meets this expected outcome

The home has access to a range of health specialists and generally refers residents according to their needs. Residents have regular access to doctors, physiotherapist and a podiatrist. Other services available include dietician, speech pathologist, wound specialist, eye care, hearing services, dental services, in-reach services from the local hospital, aged care mental health team and consultant pharmacist. Registered nurses review residents changing needs and consult doctors for referrals. Residents' files contained reports following consultation with progress notes and support plans showing updates. Residents and representatives confirmed staff refer residents to specialist services.

2.7 Medication management
This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings
The home meets this expected outcome

Registered nurses manage resident's medication safely and correctly and in line with current Drugs, Poisons and Controlled Substances Regulations. Residents' medication charts have a photograph for identification, any known allergies and identify how medication is given to residents when there is difficulty swallowing. Doctors' orders include dates for ceasing medication and there is a system for reviewing residents' medication by the consultant pharmacist. Residents who self-medicate have an assessment completed by their doctor and the registered nurse. Review of medication charts confirmed this occurs. Staff giving out medications complete competencies, the home audits the medication system and the medication advisory committee reviews results. Residents stated they are satisfied with the management of their medication.

2.8   Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's findings
The home meets this expected outcome

Registered nurses assess residents' pain management on entry and review this regularly. Care staff could identify signs of pain in residents with a cognitive impairment and notify registered nurses when they identify pain in residents. Interventions used by staff include use of heat/cold packs, massage, repositioning, music therapy, diversion and 'as necessary' medication. Documentation demonstrates episodes of pain, the use of different pain management strategies, evaluation of the effectiveness of strategies and referral and review by doctors. Residents and representatives confirmed staff manage residents' pain appropriately.

2.9   Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings
The home meets this expected outcome

Registered nurses consult residents and representatives for their palliative care wishes and document these on an advanced care planning form. This directs care in the event of an emergency and staff discuss more detailed palliative care choices when needed. Care planning includes pain management, skin care, mouth hygiene, pressure area care, nutrition and hydration as well as spiritual and psychological and social needs. Pastoral care staff support staff, residents and representatives and the home contacts members of residents' preferred religious communities when requested. Funeral services may be held in the home's chapel. Staff receive education in palliative care and have access to specialist services for advice and consultation.

2.10 Nutrition and hydration
This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings
The home meets this expected outcome

Staff practices and adherence to the home's policies and procedures generally ensure the adequate management of residents' nutrition and hydration needs. On entry to the home staff assess residents' nutrition and hydration needs and preferences. Care plans and catering information ensure the delivery of these needs. When assessing nutrition and hydration, staff consider allergies, preferences, clinical, religious and cultural needs. Consultation with the contracted dietician and speech pathologist ensures optimal management. Weighing of residents occurs regularly in line with their individual weight management plan. Weight management programs, which may include the use of supplementation, manage weight losses and gains. Residents provide input into the menu planning and catering for individual preferences occurs by the provision of alternative meals. Staff are aware of residents' requirements for texture-modified diets and thickened fluids and residents say they are happy with the food provided.

2.11 Skin care
This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings
The home meets this expected outcome

The home generally assesses and cares for residents in a way that promotes skin integrity. Skin integrity is assessed on entry to the home, when care plans are reviewed and as health needs change. Promotion of skin integrity occurs through the application of a barrier cream as well as attendance to pressure area care. Further enhancement of skin integrity occurs through the provision of pressure relieving devices such as furniture, mattresses and cushions. Assistance for residents to maintain their skin, hair and nails in a healthy state is given and a visiting podiatrist and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs, with records of care provided reflected on charts. The home has policies and procedures for wound assessment and management and specialised consultation is available if further advice is required. Residents are satisfied with the home's approach to maintaining their skin integrity.

2.12 Continence management
This expected outcome requires that "residents' continence is managed effectively".

Team's findings
The home meets this expected outcome

The home has processes to ensure the management of residents' continence needs occur effectively and with dignity. The home assesses residents' continence needs on entry to the home and as their needs change. Assessments take into consideration the staff assistance levels required by the resident and any continence aids needed. The home's approach to continence management encourages promotion of resident independence and dignity. The home has dedicated "continence champions" who are responsible for the continence portfolio including ordering of aids. Staff discreetly maintain residents' dignity and verify they have access to sufficient continence aids for residents' needs. Residents confirmed their continence needs are met and mobility aids are provided to assist their independence in the bathroom.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

Staff practices and adherence to policies and procedures ensure the effective management of residents' challenging behaviours by the home. The resident population includes some residents with dementia related illness, cognitive decline and psychiatric illness. Staff stated the provision of education to manage behavioural challenges has recently occurred. The home refers residents to an outreach psychological service and to a psychiatrist to help in the management of residents' behavioural challenges. Residents reported the management of challenging behaviours is 'good' and the challenging behaviours of other residents generally does not disturb their sleep or impact on their own wellbeing.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings
The home meets this expected outcome

The home provides care promoting residents' mobility and dexterity. Assessment of each resident's mobility and dexterity needs occurs upon entry to the home and the provision of mobility aids is available if needed. Physiotherapy services are utilised to assess all residents' mobility and dexterity upon entry to the home and continues according to individual need. We observed and staff confirmed adequate mobility and dexterity aids to cater for residents' needs. Residents reported staff support their mobility and dexterity as needed and encourage them to support and maintain their independence in this area with the assistance of aids if required.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings
The home meets this expected outcome

Staff assistance ensures the maintenance of oral and dental health for residents. Assessments for oral and dental needs and preferences occur on entry and care plan reviews occur. Care plans note the staff assistance required for daily care of residents' teeth, mouth and dentures. Referral to attend dentists and dental technicians generally occurs and staff assistance to attend outside appointments is available if needed. Staff assist and prompt residents with daily dental hygiene and observe and generally document any relevant dental issues. Formulation of specific management strategies for residents with swallowing difficulties occurs and may include the provision of texture modified diets and staff assistance with meals. Residents confirmed staff provide assistance with their swallowing, oral and dental hygiene.

2.16 Sensory loss
This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings
The home meets this expected outcome

The home ensures the assessment and management of residents' sensory losses. Assessment of residents' sensory losses occurs upon entry to the home and as changes in care needs are required. The home makes appointments for residents to attend specialists for matters such as hearing and vision assessments, which can be with a resident's own preferred provider if they desire. Staff assist residents with their sensory aids including hearing aids and glasses. The home is well lit, has adequate handrails and accessible signage. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents stated staff assist with their sensory loss needs.

2.17 Sleep
This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's findings
The home meets this expected outcome

Staff assess residents' sleep patterns, routines and rituals on entry and document their preferences on their support plans. Staff review residents' sleep patterns and contact their doctor if they identify sleep difficulties. Staff have access to snacks and hot drinks for residents overnight and strategies to promote sleep include warm drinks, toileting, assessment of pain, repositioning and emotional support. Review of progress notes demonstrates staff use strategies and evaluate their effectiveness. Residents confirmed the home is quiet at night and staff respect their settling and rising times.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The home demonstrates the active pursuit of continuous improvement relative to resident lifestyle. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Residents confirmed and lifestyle documents showed residents are consulted about their lifestyle, encouraged to provide feedback and that their suggestions are welcomed.

Some continuous improvements relating to Standard 3:

- As a management and lifestyle initiative, a new social profile form has been introduced to make it easier for residents and their representatives to provide meaningful life story information. The form based on the philosophy of person centred care encourages lifestyle staff to start a conversation about residents' lifestyle interests and history using an 'open question' format. This gives the resident or representative the opportunity to present the resident's relevant social and life story in their own words. Lifestyle staff reported the information recorded is more personalised and helpful in understanding each resident's background, social personality and lifestyle interests. Evaluation is ongoing.

- As a result of a management initiative, the home has purchased its own bus. Previously the home hired a bus for residents' outings. The new bus has been fitted with hoist and lifting mechanisms to enable wheelchair access and lifestyle staff reported resident feedback is very positive.

- The lifestyle coordinator recognised the need to improve the men's group and the volunteer who facilitates the group is now arranging regular guest speakers. This has stimulated and enhanced interest and the participants look forward to these guest speakers. For example, a piano recital was recently organised, Box Hill Police are coming to talk about community safety and an engineer will discuss his career.

- In recognition of residents' interests, the lifestyle coordinator initiated the set up of a book club. The lifestyle coordinator reported residents are very pleased with this new activity opportunity and enjoy the sense of inclusiveness.

- The lifestyle coordinator initiated the introduction of a kiosk trolley to ensure residents who may be immobile or who have difficulty accessing the kiosks can obtain items from the trolley. The kiosk attendant conducts a weekly trolley 'run' visiting residents in their rooms who may wish to purchase various kiosk items. This has proved very successful and residents are very pleased with this initiative.

- The lifestyle coordinator identified the need for a new public address system and microphone to ensure clarity of communication. The new equipment has been purchased and feedback from the stakeholders is positive.

3.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle".

Team's findings

The home meets this expected outcome

The home has processes to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- systems to demonstrate compliance related to residential agreements
- policies and procedures to ensure staff understanding of privacy and confidentiality of resident information
- policies, procedures, guidelines and staff education for appropriately managing reportable incidents of suspected or alleged elder abuse
- policies and guidelines for staff to follow in the event of missing residents.

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

There is a system to ensure staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- spirituality
- privacy and dignity - QUEST (Aged Care Accreditation Agency) program
- confidentiality
- the role of complimentary therapies in dementia care for the lifestyle staff.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Residents were very complimentary about the support they, their families and friends received from staff and the chaplain to assist them to adjust to their new home initially and ongoing. Prospective residents and representatives are invited to tour the home, discuss their needs with management and receive a resident information kit and handbook. New residents are orientated, introduced to staff and other residents and encouraged to

personalise their rooms. Care, lifestyle staff and the chaplain visit new residents more frequently to assist the settling in process and the chaplain also visits residents who have been transferred to an acute hospital. Care, lifestyle and pastoral care documentation further showed staff provide additional and ongoing emotional support especially during times of loss or grief. Visiting hours are open and families and friends are welcome and encouraged to visit their loved ones and assist them to participate in the activities. Residents and representatives confirmed considerable satisfaction with initial and ongoing emotional support reporting staff are helpful and caring.

3.5   Independence
This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings
The home meets this expected outcome

The home encourages residents to achieve maximum independence and maintain friendships within and outside the home including through visits from volunteers and school students. Residents' individual abilities and capacity to conduct daily living tasks are assessed; care plans indicate the level of assistance required with strategies to support and maintain their independence. A physiotherapist consults with residents to maintain and enhance their physical independence and assesses residents for suitable mobility and adaptive aids to maintain and support their physical capabilities. Residents were observed walking with and without mobility aids and reported they are assisted to access the community and they enjoy bus outings including visits to the local shopping centre. The kiosk attendant visits residents who may find it difficult to access the kiosk or go shopping regularly in their rooms and residents are able to purchase small items as desired. Other community links and family outings are encouraged and residents enjoy regular bus outings to various venues of interest. Staff make arrangements to ensure residents are able to exercise their voting rights as desired. Residents confirmed they are assisted to maintain their independence relative to their medical status, needs and preferences.

3.6   Privacy and dignity
This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings
The home meets this expected outcome

The home demonstrates each resident's privacy, dignity and confidentiality is recognised and respected. Residents mostly reside in single rooms or shared rooms and have access to various small lounge areas, tea bays and a kiosk to meet privately with friends and family. Staff were observed to knock on residents' doors before entering and close doors when providing care. Staff were noted to communicate and interact appropriately with residents and use their preferred name. Residents' files are stored securely with keypad secure entry doors to care stations. Residents are informed of their right to privacy and sign a consent form for the use and disclosure of their information and photographs. Staff are informed of privacy and confidentiality requirements; appropriate policies and procedures are accessible. We noted residents were appropriately groomed and residents confirmed staff protect and respect their privacy.

3.7   Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Residents are supported to participate in a variety of activities of interest to them six days a week; their suggestions are encouraged through reviews, feedback, surveys and meetings. Lifestyle staff run programs in the hostel, nursing home and dementia secure wing and consult with residents to identify their social/leisure interests; care plans are documented and updated. Lifestyle staff develop monthly and weekly activity planners and special events programs which reflect residents' interests; special activities have been organised for men. Lifestyle staff ensure the programs, resident participation and level of interest are reviewed and evaluated. Activities include physical, sensory, social and cognitive activities, one to one chats with residents and intergeneration programs. Residents reported they enjoy social events, community singers, guest speakers, exercise, walks, craft, games, bus outings and discussion groups. Residents further confirmed they enjoy coffee at the kiosk cafe with other residents and especially on Sundays with their families, when a special afternoon tea is available. Residents further stated they enjoy the monthly coffee and cake evenings and expressed considerable satisfaction with the range of activities available.

3.8   Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Residents' individual interests, customs, cultural and spiritual beliefs are valued and fostered. Lifestyle staff identify residents' cultural and spiritual needs and the chaplain visits new residents to assist with their spiritual and pastoral care and continues regular visits to residents as desired. Days of individual or cultural significance are recognised and celebrated throughout the year, including residents' birthdays in accordance with their individual preferences. Arrangements are made to fulfil residents' religious/spiritual preferences and visits from spiritual advisors are welcome to support residents' specific needs. The chaplain provides a weekly Uniting Church service and other religious devotional activities and another regular religious service including communion is conducted at the home. The chaplain further supports residents and representatives at times of grief/mourning and at palliation times. Residents are satisfied with the support provided to maintain their cultural and spiritual beliefs and customs.

3.9   Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

The home supports and encourages residents to make decisions about their care, lifestyle needs, preferences and activities of daily living within the home. Residents and representatives are encouraged to provide relevant personal information, feedback and suggestions to enhance their involvement in their own care. Care and lifestyle staff assess

residents' individual choices when they move into the home, including rising and settling times, care options and how they wish to participate in daily activities. Staff conduct regular care consultations and residents and representatives are encouraged to review and update their preferred care and lifestyle options including advanced care preferences. Staff confirmed they support residents to make choices and to have control over their lifestyle. Residents and representatives confirmed satisfaction with the opportunity to make choices and decisions about residents' care and lifestyle options.

3.10 Resident security of tenure and responsibilities
This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings
The home meets this expected outcome

The home has systems to support residents to understand their tenure and associated rights and responsibilities. The residents' agreements outlines information on fees and services and related rights and responsibilities and further information on security of tenure, complaints mechanisms and confidentiality of information is included in the residents' information pack. If there is a change in services and fees, the home notifies residents and representatives in writing. The home discusses room changes in advance and only proceeds when all parties are satisfied. Residents and representatives stated they are well informed about residents' tenure and aware of their rights and responsibilities as residents in the home.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in the physical environment and safe systems are ongoing. For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

Some examples of continuous improvements relative to Standard 4:

- Management identified the need to refurbish the dementia secure area. As a result, the home has removed the carpet, replacing it with vinyl flooring. In addition, management has repainted the walls and refurbished the bathrooms. Management reported stakeholders have commented favourably on the upgrade. They stated odour has been eliminated and the environment is more inviting and attractive. Management further commented efficiency has been enhanced as the new flooring is easier to clean and maintain.

- As a result of a management initiative, the home has purchased new outdoor tables and chairs for residents' enjoyment. In addition, new pot plants have enhanced the outdoor area; management reported and we confirmed residents' satisfaction with these improvements.

- As a result of management recognising the need to upgrade the kitchen environment, new benches and new equipment have been installed in the kitchen. Management reported the upgrade ensures the kitchen is maintained to the required standard and the new equipment is easier to clean and maintain.

- Management recognised the need to update evacuation plans to include the external evacuation assembly areas and has also ensured evacuation kits are available in all care stations. Management reported staff have enhanced accessibility to emergency equipment.

4.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems".

Team's findings

The home meets this expected outcome

The organisation and home have processes to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- secure chemical storage and current material safety data sheets

- a food safety program audited annually by a third party and the relevant state food authority

- The home has a food safety program audited annually by a third party and the relevant state food authority.

- compliance with annual essential safety measures

- The home complies with annual essential safety measures.

- First aid kits are available throughout the home.

4.3   Education and staff development
This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings
The home meets this expected outcome

There is a system to ensure management and staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- fire warden training

- restraint - self directed learning package

- infection control

- occupational health and safety - five day course.

4.4   Living environment
This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings
The home meets this expected outcome

Management and staff actively work to provide a clean, comfortable and safe environment for residents. Corporate managers support local maintenance and hospitality staff. Maintenance programs, cleaning schedules and essential services' inspection and testing schedules ensure a clean and safe environment is maintained. Audit results, feedback, incidents, hazards and maintenance requests lead to actions and improvements. There are schedules to inspect, clean and maintain fixtures, fittings, furniture, aids and equipment. Quiet and private spaces are available for residents and their visitors including a cafe with indoor and outdoor seating. Staff education, keypads, secure courtyards, lock down procedures and overnight security checks contribute to maintaining a secure environment. Staff are aware of their responsibilities in managing residents who wander and procedures to follow if a resident is missing. Residents' rooms are personalised and residents and representatives reported the home is clean, comfortable and well maintained.

4.5   Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

The home promotes safe work practice and provides a safe working environment that meets regulatory requirements. Risk management procedures include essential services testing, maintenance programs, incident and hazard reporting, workplace inspections, risk assessments and internal and external audits. These processes identify and minimise the risk of workplace hazards. The occupational health and safety committee meets monthly and local representatives are supported by corporate services. Staff health and safety responsibilities are communicated through orientation, education, meetings, policies, procedures, electronic mail, memoranda and noticeboards. Mandatory education includes manual handling, fire and emergency management and infection control; relevant staff also attend chemical training. Equipment and supplies to employ safe work practices are available and staff confirmed they have opportunity to discuss workplace health and safety issues and are satisfied the home provides a safe work environment.

4.6   Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings
The home meets this expected outcome

Essential services, accredited fire inspection services, environmental auditing, security procedures and maintenance programs ensure risks associated with fire, security and other emergencies are minimised. Emergency procedures manuals and evacuation packs are located at reception and in all care stations. The resident evacuation list is located at the fire panel and there are processes for updating permanent and temporary changes. Fire and emergency training is included in orientation and all staff attend annual training. Fire wardens complete a comprehensive training program conducted by an external provider. Fire detection and fire fighting equipment, clear exits, signage and evacuation plans are located throughout the home. Residents are confident staff are appropriately skilled to manage emergencies; staff are aware of their responsibilities in the event of a fire, security breach or other emergency.

4.7   Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings
The home meets this expected outcome

The home's infection control program ensures there is an appropriate system for educating staff and other stakeholders to maintain effective practices to minimise spread of infection. The home's infection control surveillance system enables infections to be identified, treated as required and monitored and analysed for trends, resident susceptibility and other possible contributing factors. Infection data relative to residents' main infection categories – respiratory and urinary tract infections - is collated and trended monthly and reported to management and head office. Appropriate policies and government resource documentation guide staff practice and cover the management and containment of infectious outbreaks. Infection control kits with signage and personal protective equipment are in each main unit

and residents and staff vaccinations are encouraged, implemented and documented. Hand sanitisers, hand wash basins and personal protective equipment are available throughout the home. Staff infection control education is annual and mandatory, discussed at orientation and staff described appropriate infection control practices relative to their work areas.

4.8   Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings
The home meets this expected outcome

Hospitality services support residents' quality of life and enhance the environment for residents and staff. Local staff are supported by corporate managers and services are monitored through feedback, surveys and audit processes. Catering staff have access to accurate resident dietary information, including specific dietary requirements and food preferences. A dietician has reviewed the four week rotating seasonal menu and alternative meals and snacks are available. Processes ensure safe work practices and compliance with the food safety program; third party audits occur. Staff implement appropriate labelling and storage of food and stock rotation. Cleaning schedules ensure resident rooms, communal areas, hospitality areas and staff facilities are cleaned regularly and in accordance with chemical safety and infection control guidelines. Laundry contractors are engaged for linens and residents' personal laundry is managed on site. The laundry has separate clean and dirty areas and a labelling system to minimise lost items. Staff confirmed they receive training in food safety, infection control and chemical and manual handling appropriate to their role. Residents provide feedback through meetings, surveys, forms and informal discussions and confirmed they are satisfied with the home's hospitality services.